

**TREATMENT
ENGAGEMENT PROFILE
- PRIMARY CARE -**

**TREATMENT ENGAGEMENT PROFILE —
PRIMARY CARE**

Please respond to the statements below with the appropriate response to the right.

Please also circle any words or phrases within the statements that you find especially appropriate.

Name _____

Date _____



Strongly Agree Agree Not Sure Disagree Strongly Disagree

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. I was anxious or concerned about coming to visit my primary care doctor today	SA	A	NS	D	SD
2. In the past I have sometimes avoided going to the doctor or missed appointments because of my concerns or worries	SA	A	NS	D	SD
3. I was worried that today we might have to talk about something that is embarrassing to me	SA	A	NS	D	SD
4. I was worried that today's visit might involve a procedure that is frightening or painful	SA	A	NS	D	SD
5. I was worried that today I might find out I have a disease or illness that scares me	SA	A	NS	D	SD
6. I was concerned that I might be told I have to do something I don't want to do (for example quit smoking, diet, exercise more, etc.)	SA	A	NS	D	SD
7. Sometimes I get concerned that my doctor won't listen to me or take my opinion into consideration	SA	A	NS	D	SD
8. I was concerned about the cost of today's visit	SA	A	NS	D	SD
9. It's hard for me to find free time to visit when this clinic is open	SA	A	NS	D	SD
10. I have difficulty getting transportation to get here	SA	A	NS	D	SD
11. It's hard for to leave where I live because my anxiety is so high	SA	A	NS	D	SD
12. I feel very anxious having contact with people in general	SA	A	NS	D	SD
13. My religious or cultural beliefs sometimes make me doubt whether I should seek medical attention	SA	A	NS	D	SD
14. I fear getting sick from visiting my clinic because I might be around other people who are ill	SA	A	NS	D	SD